LEATH ITON OUTING CORPORTER HIMTH, give TOWNSHIP ONLY) Length of stay in 1b Corn ton 18 hrs TOWN Union Township Ves F No D TOWN Union Township Ves F No D ADDRESS 1 Mi W Of Vulcan Reside on Farm CALVIN BEYRL HUDDLESTON THE WARRIED PARK HUDDLESTON THE WARRIED PARK HUDDLESTON THE WARRIED PARK HUDDLESTON ANA CALVIN HUBBRE 124 No PARK HUB	MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH =62-03				
STATEM ISOURY Length of stay in 1b Length of stay in 1b 18 hrs TOWN Union Township Length of stay in 1b 18 hrs TOWN Union Township Ves E No.	DEPA	RTMENT O	D I	Registration District No. 423 4 Registration	
Length of stay in 1b	VS 300		1		
DECEASED St. Mary	Rev. 4/59	AMENDED		b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b C. CITY OR Inside Limits	
CALVIN BEYRL HUDDLESTON CALVIN BEYRL HUDDLESTON DEATH August 12 1962	10470 20470	DATE AM		c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Fard	
COLOR OR RACE White White CUPATION (Give kind of work done of working is were in the country) Industry Vulcan, Missouri I.S. DATE OF BIRTH (Enter only one cause per line in the part in Due to (st.) Industry Industry Vulcan, Missouri I.S. NAME OF HUSBAND OR WIFE Mary Lucille Boyer Address ARE OF C. Huddleston I.S. SOCIAL SECURITY NO. IMAGE Huddleston III (STEPPY OF COMPANY OF BUSINESS OF INTERVAL BETWEEN ONSET AND DEATH INTERVAL B	3		┪╏	(Type or print)	
White Widowed Divorced 2 20Aug1923 38 Months Days Hours Min. Days Hours Min. Widowed Divorced 2 20Aug1923 38 Months Days Hours Min. Divorced 2 20Aug1923 38 Months Days Hours Min. Divorced 3 20Aug1923 38 Months Days Hours Min. Divorced 3 20Aug1923 38 Months Days Hours Min. Dus Country Discource List. Discource And Death Min. Dus To (a) Dus Dos Describe How Injury Decurred to the terminal disease condition given in PART I (a) Dus To (a) Dus To (b) Dus To (c) Dus Dos Describe How Injury Decurred to the terminal disease condition given in PART I (a) Dus Dos Describe How Injury Decurred to the terminal disease condition given in PART I (a) Dus To (b) Dus To (c) Dus Dos Describe How Injury Decurred to the terminal disease condition given in PART I (a) Dus Dos Describe How Injury Decurred to the terminal disease condition given in PART I or PART II of item 18.) Dus To (c)	4 0			CALVIN BEIGE HODDLESTON AUGUST IS 1902	
AME AME C. Huddleston Mae Ruble Mae Ruble Mae Huddleston FART II. DEATH (Enter only one cause per line file) Conditions, if any, which gave rise to above cause (a) DUE TO (a) Conditions, if any, which gave rise to above cause (b) FART II. OTHER SIGNIFICANT CONDITIONS SONTMEDTING DEATH but not related to the terminal representation of the state of th	5 3			Male White Widowed Divorced 20Aug 1925 38 Months Days Hours Mi	
ON C. Huddleston Mae Ruble 16. SOCIAL SECURITY NO. 17. INFORMANT Mae Huddleston Vulcan, Mo. OF DEATH (Enter only one cause per line of PART II. DEATH WAS CAUSED by: IMMAEDIATE CAUSE (a) DUE TO (c) Stering the under: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH but not related to the terminal disease condition given in PART I (but not present only one aprendancy in last 90 days and the present of present in last 90 days are pregnancy in last 90 days and 18 p.m. TOPSY NO OCCURRED AT WORK On the date stated above, and to the best of my knowledge, from the causes stated. The deceased from the date stated above, and to the best of my knowledge, from the causes stated. To degree of title) To degree of title of the terminal part in the terminal part in the	6		▎▏▮	electrician industry Vulcan, Missouri U.S.A.	
Mae Huddleston Vulcan, Mo. OF DEATH (Enter only one cause per line from the per lin	7 0			Benton C. Huddleston Mae Ruble Mary Lucille Boyer	
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MATION, 238. DATE F3c. NAME OF CEMETERY OR CREMATION (City, town, or county) (State) (14 Aug 1962 Ruble Cemetery Vulcan Missouri				Death occurred at 2 m on the date stated above, and to the best of my knowledge, from the causes stated.	
Specify) 14 Aug 1962 Ruble Cemetery Vulcan Missouri	USE	INOHS	IT OF	222. SIGNATURE (Cegree of title) — 22b. APORESS 22c. DATE SIGNATURE 22c. DATE SIGNAT	
ATT TO THE PARTY OF THE PARTY OF THE PROJECT OF THE PARTY	•	<u>o</u>		REMOVAL (SOPETRY)	
RECION ADDRESS 22. REGISTRANS SIGNATURE 22. REGISTRANS SIGNATURE		[₹]		24. FUNERALLORECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26., REGISTRAR'S SIGNATURE	
(Licensed Embalmer's Statement on Reverse Side)	•	 = 	B	and white	
Funeral Home Ironson, No. 8-14-17	USE BLAC OR TYPEWRITER	TEM NO. SHOULD READ	BY AFFIDAVIT OF	21. I attended the deceased from the cause of the post	

Ironton, Misschri

P. O. Address___

G 2,2 1962

AUG 21 1962

STATEMENT BY LICENSED EMBALME

1 hereb	by certify that the body whose na	ne is recorded on the reverse side of this certificate was embalmed by me,
or by <u> </u>		, Student Embalmer No
working under	my personal supervision.	- ,
Student		Signed ancel White
	Signature of Student Embalmer	· U
~		Licensed Embalmer No. 3012

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

AUG 22 1962